|                                  |                      | CLAIMS AS                        | (Column 1)         |   | ımn 2)           | SMALL E    | NTITY                  | OR        | OTHER<br>SMALL |         |
|----------------------------------|----------------------|----------------------------------|--------------------|---|------------------|------------|------------------------|-----------|----------------|---------|
| TC                               | TAL CLAIMS           |                                  | •••                |   |                  | RATE       | FEE                    | ]         | RATE           |         |
| FOR                              |                      | NUMBER FILE                      | D NUME             | ER EXTRA                                    | BASIC FEE        | 355.00     | OR                     | Basic Fee | 7              |         |
| TOTAL CHARGEABLE CLAIMS          |                      | 36 minus                         | 20= '              |   | X\$ 9=           |            | OR                     | X\$18=    | ×              |         |
| INDEPENDENT CLAIMS               |                      | 4 minus                          | 3 =                | X40=  |                  |            | OR                     | X80=      | RI             |         |
| MULTIPLE DEPENDENT CLAIM PRESENT |                      |                                  |                    |   |                  | +135=      |                        |           | +270=          |         |
| - H                              | the difference       | in column 1 is                   | less than zero,    | enter "O" in o                              | polumn 2         | TOTAL      |                        | OR        | TOTAL          | ┞       |
|                                  |                      |                                  | MENDED -           |   |                  | IOIAL      |                        | lou       | OTHER          |         |
|                                  | · ·                  | (Column 1)                       |                    | (Column 2)                                  | (Column 3)       | SMALL      | ENTITY                 | OR        | SMALL          |         |
| ENTA                             |                      | CLAIMS REMAINING AFTER AMENDMENT |                    | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE       | ADDI-<br>TIONAL<br>FEE |           | RATE           | A<br>Ti |
| NO.                              | Total                | . 36                             | Minus -            | 36  |                  | X\$ 9=     | •                      | OR        | X\$18=         |         |
|                                  | Independent          | , 74                             | 1                  | 4   | =                | X40=       |                        | OR        | X80=           | Г       |
|                                  | FIRST PRESE          | NTATION OF M                     | ULTIPLE DEPE       | NDENT CLAIM                                 | لللب             | +135=      |                        | OR        | +270=          | Г       |
|                                  |                      | 1:                               |                    |   |                  | TOTAL      |                        | 1         | TOTAL          | ╀       |
| 8                                | 18/05                | (Oakuma 4)                       | :A                 | (Cohema O)                                  | (Column 3)       | ADDIT. FEE |                        | OR        | ADDIT. FEE     | _       |
|                                  |                      | (Column 1)                       |                    | (Column 2)<br>HIGHEST                       |                  |            | ADDI-                  | 1         | <del></del>    |         |
| AMENDMENT B                      |                      | REMAINING<br>AFTER<br>AMENOMENT  |                    | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA | RATE       | TIONAL<br>FEE          |           | RATE           | Ti      |
|                                  | Total                | · 36                             | Milnus •           | •36   | <b>.</b> 0       | X\$ 9=     | $\bigcirc$             | OR        | X\$18=         |         |
| M                                | Independent          | • 4                              | Minus ULTIPLE DEPE | 4<br>                                       | <u> - ()</u>     | X40≈       |                        | OR        | X80=           | Γ       |
| L                                | THIST PHESE          | NIAHON OF M                      | ULTIPLE DEPE       | NDENT CLAIM                                 |                  | +135=      |                        | OR        | +270=          | Γ       |
|                                  |                      |                                  |                    |   |                  | TOTAL      | _                      | OR        | TOTAL          |         |
|                                  |                      | (Column 1)                       |                    | (Column 2)                                  | (Column 3)       | ADDIT. FEE |                        | •         | AUDII. PEE     |         |
|                                  |                      | CLAIMS<br>REMAINING<br>AFTER     |                    | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE       | ADDI-<br>TIONAL        |           | RATE           | Ť       |
| MTC                              |                      | AMENDMENT                        | Minus              | PAID FOR                                    |                  | Ve a-      | FEE                    |           | X\$18=         | ╁       |
| DMENT C                          | Total                | } •                              |                    |   | _                | X\$ 9=     | 1                      | OR        | VA10=          | 1       |
| AMENDMENT C                      | Total<br>Independent | •                                |                    | •••   | 1.               | X40=       |                        | 1         | X80=           | T       |